



**Comments on Federal Communications Commission (FCC) Proposed Rulemaking
Rural Health Care Support Mechanism
WC Docket No. 02-60**

Submitted by the California Primary Care Association

The California Primary Care Association (CPCA) is the federally designated statewide association representing a network of more than 500 nonprofit community clinics, health centers and regional clinic consortia. CPCA member clinics include urban and rural clinics, migrant health centers, free clinics, and more than 95 percent of the “federally qualified” health centers in California. The CPCA member clinics deliver primary and preventive health care services to more than 2.6 million people. CPCA’s mission is to promote and facilitate equal access to quality health care for individuals and families through organized primary care clinics and clinic networks.

In an effort to ensure access to care to geographically isolated populations, many of our rural and migrant health centers have developed telemedicine capacity. Currently, the Rural Health Care Universal Service Support Mechanism (Universal Service) pays for a significant portion of the cost of the line charges. Universal Service provides discounts that have facilitated the ability of health care providers to provide critical access to modern telecommunications and information services for medical and health maintenance purposes to rural America. Without Universal Service, telemedicine would not be a reality for patients and health care providers in many very remote regions of California. We applaud the FCC for recognizing that the program has not reached its potential and appreciate the opportunity to provide comments on the proposed rulemaking.

Our major area of concern relates to the current definition of “rural” used in the program.

Definition of Rural

Under the current guidelines, the FCC defines rural as “non-metropolitan statistical area” (non-MSA), and then applies Goldsmith modifications to include rural areas that do not meet the non-MSA definition. The areas utilized in the non-MSA model are county-based. As one moves

from east to west in the United States, counties become significantly larger in size. For example, San Bernardino County located in California is the largest county in the nation, covering over 20,000 square miles. Under the non-MSA definition, San Bernardino, and many other California counties would not qualify for Universal Service support, yet these counties have numerous rural communities. San Bernardino County has rural areas as large as many east coast counties that do meet the non-MSA definition. The use of non-MSA to define rural unfairly disadvantages rural areas in western states like California.

In addition, the Office of Rural Health Policy, which developed the Goldsmith modifications, is developing a new definition of rural that does not incorporate Goldsmith. Thus, the Goldsmith standards will be eliminated and it is unclear what will replace it.

Because of the unfair bias created by the non-MSA definition and the uncertainty related to the Goldsmith standards, we recommend that the FCC use the definition of rural that is used by the Bureau of the Census, which defines rural as non-urbanized areas. This definition is already being used in other federal programs including the rural hospital swing bed program and the rural health clinic program.

Calculation of Discounted Services

Our comments regarding the calculation of discounted services will focus on our support for proposed options in the following areas: Urban Areas and Maximum Allowable Distance.

Urban Areas. We support the Commission's suggestion that the rules be altered to allow comparison for telecommunications rates between rural areas and any urban area in the state. Under the current rules, in order to provide "rates that are reasonably comparable to rates charged for similar services in urban areas in that State", as required by 47 U.S.C. §254(h)(1)(A), rates of the nearest large city are used. California's rural areas are often located near small urban locations. Rates in small urban areas tend to be higher than those in California's larger urban regions. An appropriate benchmark should take this imbalance into account and look to urban areas throughout the state.

Maximum Allowable Distance (MAD). We support the elimination or modification of the MAD because it is difficult to calculate and has been an artificial barrier to the full implementation of Universal Service for many communities. Currently the MAD limits support for health care providers to distances less than the "distance between the eligible health care provider's site and the farthest point from that site that is on the jurisdictional boundary of the nearest city of at least 50,000". (47 C.F.R. §54.613) The implementation of the MAD has been problematic because it assumes that the rural health care provider will connect with specialists in the nearest urban area. However, for many of the more remote rural providers, the nearest urban area may not have the necessary complement of specialists to provide telemedicine services.

We support the idea of determining the MAD based on the distance between the rural health care provider and the furthest point of the state's border. We do not support the idea of limiting

discounts based on the distance to the nearest point of tertiary care for two reasons. First, not all tertiary care services are offered in all urban communities. Secondly, for many of our border communities, this tertiary care point may be out of the state.

Internet Use

We strongly support the use of Universal Service to pay for the cost of connecting to the Internet. Initially, we suggest that Universal Service cover this cost only if a rural/urban differential exists in order to evaluate the impact on the Rural Health Care Fund. Paying for Internet access when there is no cost differential could significantly deplete the fund, thus reducing funds available to address infrastructure issues. If, however, fees for Internet use are higher for rural health providers, then Universal Service is an appropriate source to pay the difference.

In conclusion, we appreciate the effort that the FCC has made to date on the implementation of Universal Service and look forward to an improved and expanded program under new regulations.

Sincerely,

Elia V. Gallardo, Esq.
Deputy Director of Policy
California Primary Care Association